# Stormwater Discharge Outfall (SDO)
# Qualitative Monitoring Report

*For guidance on filling out this form, please visit:* http://portal.ncdenr.org/web/lr/npdes-stormwater/

Permit No.: N/C/__/__/__/__/__/__/__/ or Certificate of Coverage No.: N/C/G/__/__/__/__/__/__/
Facility Name: _____
County: _____ Phone No. _____
Inspector: _____
Date of Inspection: _____
Time of Inspection: _____

Total Event Precipitation (inches): _____

Was this a "Representative Storm Event" or "Measureable Storm Event" as defined by the permit? (See information below.)

☐ Yes ☐ No

*Please verify whether Qualitative Monitoring must be performed during a "representative storm event" or "measureable storm event" (requirements vary, depending on the permit).*

Qualitative monitoring requirements vary. Most permits require qualitative monitoring to be performed during a "representative storm event" or during a "measureable storm event." However, some permits do not have this requirement. Please refer to these definitions, if applicable.

A **"representative storm event"** is a storm event that measures greater than 0.1 inches of rainfall and that is preceded by at least 72 hours (3 days) in which no storm event measuring greater than 0.1 inches has occurred. A single storm event may contain up to 10 consecutive hours of no precipitation.

A **"measurable storm event"** is a storm event that results in **an actual discharge** from the permitted site outfall. The previous measurable storm event must have been at least 72 hours prior. The 72-hour storm interval does not apply if the permittee is able to document that a shorter interval is representative for local storm events during the sampling period, and the permittee obtains approval from the local DWQ Regional Office.

By this signature, I certify that this report is accurate and complete to the best of my knowledge:

_____
(Signature of Permittee or Designee)

**1. Outfall Description:**

Outfall No. _____ Structure (pipe, ditch, etc.) _____

Receiving Stream: _____

Describe the industrial activities that occur within the outfall drainage area: _____

_____

**2. Color:** Describe the color of the discharge using basic colors (red, brown, blue, etc.) and tint (light, medium, dark) as descriptors: _____

_____

**3. Odor:** Describe any distinct odors that the discharge may have (i.e., smells strongly of oil, weak chlorine odor, etc.): _____

_____

**4. Clarity:** Choose the number which best describes the clarity of the discharge, where 1 is clear and 5 is very cloudy:

1 2 3 4 5

**5. Floating Solids:** Choose the number which best describes the amount of floating solids in the stormwater discharge, where 1 is no solids and 5 is the surface covered with floating solids:

1 2 3 4 5

**6. Suspended Solids:** Choose the number which best describes the amount of suspended solids in the stormwater discharge, where 1 is no solids and 5 is extremely muddy:

1 2 3 4 5

**7.** Is there any **foam** in the stormwater discharge? Yes No

**8.** Is there an **oil sheen** in the stormwater discharge? Yes No

**9.** Is there evidence of **erosion or deposition** at the outfall? Yes No

**10. Other Obvious Indicators of Stormwater Pollution:**

List and describe _____

_____

_____

_____

_____

_____

_____

_____

**Note: Low clarity, high solids, and/or the presence of foam, oil sheen, or erosion/deposition may be indicative of pollutant exposure. These conditions warrant further investigation.**